



OUTPATIENT MEDICAID Prior Authorization Fax Form

Complete and Fax to:
1-866-796-0526

This is a standard authorization request that may take up to 7 calendar days to process. **If this is an expedited request, please contact us at 1-866-796-0530.**
If this is a Medicare request, please fax to 877-617-0394.

Request for additional units. Existing Authorization Units

* INDICATES REQUIRED FIELD

MEMBER INFORMATION

Member ID/Medicaid ID * Last Name, First Date of Birth * (MMDDYYYY)

REQUESTING PROVIDER INFORMATION

Requesting NPI * Requesting TIN * Requesting Provider Contact Name
Requesting Provider Name Phone Fax

SERVICING PROVIDER / FACILITY INFORMATION

Same as Requesting Provider
Servicing NPI * Servicing TIN * Servicing Provider Contact Name
Servicing Provider/Facility Name Phone Fax

AUTHORIZATION REQUEST

Primary Procedure Code * (CPT/HCPCS) (Modifier) Additional Procedure Code (CPT/HCPCS) (Modifier) Start Date OR Admission Date * (MMDDYYYY) Diagnosis Code * (ICD-9/ICD-10)
Additional Procedure Code (CPT/HCPCS) (Modifier) Additional Procedure Code (CPT/HCPCS) (Modifier) End Date OR Discharge Date (MMDDYYYY) Total Units/Visits/Days

OUTPATIENT SERVICE TYPE *	(Enter the Service type number in the boxes)	Pain Management
760 Air Ambulance	922 Experimental and Investigational Services	429 Office Visit
177 Ambulance Transportation	709 Genetic Testing	170 Other Site
712 Cochlear implants & Surgery		
Dental Anesthesia	Global OB Care	101 Physical Therapy (non-office or facility)
911 Office Visit	941 Office Visit	914 Respiratory Therapy (non-office or facility)
721 Other Site	449 Other Visit	275 Sleep Study in Home
DME (Orthotics and Prosthetics)	249 Home Health	701 Speech Therapy (non-office or facility)
711 Rental	600 Home Infusion	499 Transplants (evals and consults) Office Visit
700 Purchase	640 Injectable drugs and drugs given in providers office	109 Transplants (evals and consults) Other Visit
<input type="text"/> (Purchase Price)	140 Observation	620 Vaccines Adult Pneumonia
299 Drug Testing	211 OB Ultrasound(s)	630 Vaccines Shingles
	790 Occupational Therapy (non-office or facility)	
	171 Outpatient Surgery	

ALL REQUIRED FIELDS MUST BE FILLED IN AS INCOMPLETE FORMS WILL BE REJECTED.
COPIES OF ALL SUPPORTING CLINICAL INFORMATION ARE REQUIRED. LACK OF CLINICAL INFORMATION MAY RESULT IN DELAYED DETERMINATION.